



<b>LAB USE ONLY</b>
EHL WO#

# MARINE TOXINS SAMPLE SUBMISSION FORM

Business Name	
Business Contact Number	DEC Permit Number
Latitude (Required for Geoducks)	Longitude (Required for Geoducks)
Harvest Site/Geoduck Bed (Required)	Classified Area
Collected By (Printed)	Date & Time Collected (Required)
Collected By (Signature) (Required)	

**I certify under penalty of perjury that the information provided on this form is true.**

**Sample Type:**

- Pre-Harvest    
 Post-Harvest    
 Surveillance/Research    
 Other: \_\_\_\_\_

**Test(s) Requested:**

- Paralytic Shellfish Toxin (PST) - Mouse Bioassay (MBA) Method (Regulatory)    
 Domoic Acid  
 Paralytic Shellfish Toxin (PST) - Post-Column Oxidation (PCOX) Method    
 Other: \_\_\_\_\_

CHECK EACH SAMPLE TYPE TO BE TESTED	Lot Number	LAB USE ONLY
<input type="checkbox"/> BLUE MUSSELS		LAB ID#
<input type="checkbox"/> RAZOR CLAMS		LAB ID#
<input type="checkbox"/> LITTLE NECKS		LAB ID#
<input type="checkbox"/> BUTTER CLAMS		LAB ID#
<input type="checkbox"/> OYSTERS		LAB ID#
<input type="checkbox"/> GEODUCKS		LAB ID#
<input type="checkbox"/> Live Sale <input type="checkbox"/> Processed Sale		
<input type="checkbox"/> CRABS Type: _____		LAB ID#
<input type="checkbox"/> OTHER:		LAB ID#

**Comments:**

**Optional Field:** Sample related to high plankton count? (This sample will be saved for potential future testing.)

- Dinophysis* Date of Tow: \_\_\_\_\_    
 *Pseudo-Nitzschia* Date of Tow: \_\_\_\_\_

- RETURN COOLER & GEL ICE Address: \_\_\_\_\_

<b>LAB USE ONLY</b>	
Received By (Signature)	Date & Time Received